



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 DEC 30 A 11:36

Annual Report for the year: 2021
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>10691</u>		2. Exact name of the Corporation <u>Eagle Tool Inc</u>			
3. Principal Office Address <u>430 Kinsey Ave</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
4. NAICS Code <u>999999</u>		6. Brief description of the character of business conducted in Rhode Island <u>metal stamping</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					
President Name <u>Edward J Jannone Jr</u>			Vice-President Name <u>Frank Jannucci Jr</u>		
Street Address <u>25 Signal Ridge Way</u>			Street Address <u>99 Hillside Drive</u>		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>North Providence</u>	State <u>RI</u>	Zip <u>02911</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					
Director Name <u>Edward Jannone Jr</u>			Director Name		
Street Address <u>25 Signal Ridge Way</u>			Street Address		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>A Voting</u>	<u>1.00</u>
	<u>500</u>	<u>B Non Voting</u>	<u>1.00</u>		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative			Date		
Signature of Authorized Representative <u>[Signature]</u>			FILED DEC 30 2021 CR OKRE6		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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